

DRINKER BIDDLE & REATH LLP

A Delaware Limited Liability Partnership

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David B. Aaronson (DA 8387)

Attorneys for Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; and Southeastern Pennsylvania Transportation Authority

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY
(CAMDEN VICINAGE)**

In re:

Shapes/Arch Holdings L.L.C.,
Shapes L.L.C., Delair L.L.C., Accu-Weld
L.L.C., and Ultra L.L.C.

Debtors

(Hon. Gloria M. Burns)

Chapter 11

Lead Case No. 08-14631 (GMB)
(Jointly Administered)

NOTICE OF WITHDRAWAL OF PROOFS OF CLAIM


Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; and Southeastern Pennsylvania Transportation Authority hereby withdraw the attached proofs of claim filed in the above-captioned bankruptcy case.

Respectfully submitted,

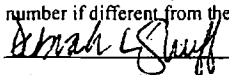
Dated: July 22, 2008

By: /s/ David B. Aaronson
David B. Aaronson


B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Accu-Weld LLC		Case Number: 08-14635
<p>NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; Southeastern Pennsylvania Transportation Authority</p> <p>Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505</p>		<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____</p>		<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>
<p>1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(9).</p> <p style="text-align: center;">Amount entitled to priority</p> <p>\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
<p>2. Basis for Claim: Environmental liability. <u>See Attached Complaint.</u></p>		
<p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>		
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____</p>		
<p>6. Credits: The amount of all payments on this claim claim.</p> <p>7. Documents: Attach redacted copies of any document purchase orders, invoices, itemized statements or other security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTA SCANNING.</p> <p>If the documents are not available, please explain: _____</p>		<p style="text-align: center;">Amount entitled to priority</p> <p>\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
<p>Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000628</p> 		
<p>Date: May 15 2008</p> <p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><i>Deborah L. Shuff</i></p> <p>Deborah L. Shuff, attorney for Claimants</p>		<p style="text-align: center;">FILED / RECEIVED</p> <p style="text-align: center;">FOR COURT USE ONLY</p> <p style="text-align: center; font-size: 1.2em;">MAY 15 2008</p> <p style="text-align: center;">EPIC BANKRUPTCY SOLUTIONS, LLC</p>


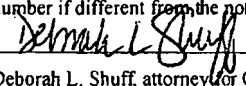
B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Delair LLC		Case Number: 08-14634
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Scars Holding Management Corp.; Southeastern Pennsylvania Transportation Authority Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)().
2. Basis for Claim: Environmental liability. See Attached Complaint.		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim. 7. Documents: Attach redacted copies of any documents purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACH SCANNING. If the documents are not available, please explain:		Amount entitled to priority \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: May 15, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Deborah L. Shuff, attorney for Claimants		FILED / RECEIVED FOR COURT USE ONLY MAY 15 2008

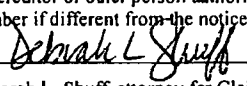
B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes LLC		Case Number: 08-14632
<p>NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; Southeastern Pennsylvania Transportation Authority</p> <p>Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505</p>		<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (If known)</p> <p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____</p>		<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>
<p>1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507(a)(8).</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507(a)(9).</p> <p style="text-align: right;">Amount entitled to priority</p> <p style="text-align: right;">\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
<p>2. Basis for Claim: Environmental liability. <u>See Attached Complaint.</u></p>		
<p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>		
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____</p>		
<p>6. Credits: The amount of all payments on this claim.</p> <p>7. Documents: Attach redacted copies of any documents purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest.</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATT. SCANNING.</p> <p>If the documents are not available, please explain: _____</p>		<p>Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000627</p> 
<p>Date: May 13, 2008</p> <p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><i>Deborah L. Shuff</i></p> <p>Deborah L. Shuff, attorney for Claimants</p>		<p style="text-align: center;">FILED / RECEIVED FOR COURT USE ONLY</p> <p style="text-align: center; font-size: 1.2em;">MAY 15 2008</p>


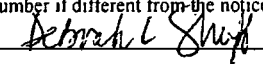
B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes/Arch Holdings LLC		Case Number: 08-14631
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; Southeastern Pennsylvania Transportation Authority Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)().
2. Basis for Claim: Environmental liability. See Attached Complaint.		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim. 7. Documents: Attach redacted copies of any documents, purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. DO NOT SEND ORIGINAL DOCUMENTS. ATTACH COPIES. If the documents are not available, please explain:		
Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings LLC, Et Al. 08-14631 (GMB) 0000000621 		Amount entitled to priority \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Date: May 13, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  Deborah L. Shuff, attorney for Claimants		<div style="border: 2px solid black; padding: 10px; text-align: center;"> FILED / RECEIVED FOR COURT USE ONLY MAY 15 2008 EPIQ BANKRUPTCY SOLUTIONS, LLC </div>


B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Ultra LLC		Case Number: 08-14633
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Avery Dennison; Borden Foods; Crowley Corp.; Garrett-Buchanan; Georgia-Pacific Corp.; The Glidden Co.; Sears Holding Management Corp.; Southeastern Pennsylvania Transportation Authority Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>\$77,871,002.43</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)().
2. Basis for Claim: Environmental liability. <u>See Attached Complaint.</u>		Amount entitled to priority \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
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6. Credits: The amount of all payments on this claim claim. 7. Documents: Attach redacted copies of any document purchase orders, invoices, itemized statements or run security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS ARE FOR SCANNING. If the documents are not available, please explain:		
Date: May 15, 2008 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;">  Deborah L. Shuff, attorney for Claimants </div>		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;"> FILED / RECEIVED <small>FOR COURT USE ONLY</small> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80px;"> MAY 15 2008 </div> </div>


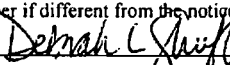
B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Accu-Weld LLC		Case Number: 08-14635
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co. Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9). <div style="text-align: right;">Amount entitled to priority \$ _____</div> <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: Proposed class action. <u>See Attached Complaint.</u>		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim. 7. Documents: Attach redacted copies of any document purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACH SCANNING. If the documents are not available, please explain:		Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000623 
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="border: 1px solid black; padding: 5px; display: inline-block;">Date: May 13 2008</div> <div style="text-align: center;"> Deborah L. Shuff, attorney for Claimants</div>		<div style="border: 2px solid black; padding: 5px; text-align: center;">FILED / RECEIVED <small>FOR COURT USE ONLY</small> MAY 15 2008 EPID BANKRUPTCY SOLUTIONS, LLC</div>


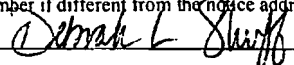
B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Delair LLC		Case Number: 08-14634
<p>NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co.</p> <p>Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505</p>		<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: _____ (if known)</p> <p>Filed on: _____</p>
<p>Name and address where payment should be sent (if different from above):</p> <p>Telephone number: _____</p>		<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>
<p>1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.</p> <p>If all or part of your claim is entitled to priority, complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>		<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8).</p> <p><input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9).</p> <p style="text-align: right;">Amount entitled to priority</p> <p style="text-align: right;">\$ _____</p> <p><small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>
<p>2. Basis for Claim: Proposed Class Action. <u>See Attached Complaint.</u></p>		
<p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>		
<p>4. Secured Claim (See instruction #4 on reverse side.)</p> <p>Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other</p> <p>Describe: _____</p> <p>Value of Property: \$ _____ Annual Interest Rate _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____</p>		
<p>6. Credits: The amount of all payments on this claim.</p> <p>7. Documents: Attach redacted copies of any documents, purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest.</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACH COPIES.</p> <p>If the documents are not available, please explain: _____</p>		<p>Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000624</p> 
<p>Date: May 13, 2008</p> <p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p><u>Deborah L. Shuff</u></p> <p>Deborah L. Shuff, attorney for Claimants</p>		<p style="text-align: center;">FILED / RECEIVED FOR COURT USE ONLY</p> <p style="text-align: center;">MAY 15 2008</p> <p style="text-align: center;">EPIC BANKRUPTCY SOLUTIONS, LLC 18 U.S.C. §§ 152 and 357f</p>


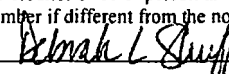
B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes LLC		Case Number: 08-14632
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co. Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(). <div style="text-align: right;">Amount entitled to priority \$ _____</div> <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: Proposed class action. <u>See Attached Complaint.</u>		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim claim. 7. Documents: Attach redacted copies of any documents, purchase orders, invoices, itemized statements or security agreements. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. You may also attach a summary of perfection of a security interest. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS WILL BE REPRODUCED BY SCANNING. If the documents are not available, please explain:		Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000619 
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Date: May 13, 2008  Deborah L. Shuff, attorney for Claimants		<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 150px;">FILED / RECEIVED FOR COURT USE ONLY MAY 15 2008 EPIC BANKRUPTCY SOLUTIONS, LLC</div>

810 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Shapes/Arch Holdings LLC		Case Number: 08-14631
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co. Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)(9). Amount entitled to priority \$ _____
2. Basis for Claim: Proposed class action. See Attached Complaint.		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim. _____ of 7. Documents: Attach redacted copies of any doo purchase orders, invoices, itemized statements or security agreements. You may also attach a summ of perfection of a security interest. You may also side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MUST BE SCANNED. If the documents are not available, please explain: _____		
Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings L.L.C., Et Al. 08-14631 (GMB) 0000000622 		*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. Date: May 13 2008  Deborah L. Shuff, attorney for Claimants		<div style="border: 2px solid black; padding: 5px; text-align: center;"> FILED / RECEIVED FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">MAY 15 2008</div> </div>

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor: Ultra LLC		Case Number: 08-14633
NOTE: <i>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</i>		
Name of Creditor (the person or other entity to whom the debtor owes money or property): The Glidden Co. Name and address where notices should be sent: Deborah L. Shuff, Esq. Drinker Biddle & Reath LLP One Logan Square, 18 th & Cherry Sts. Philadelphia, PA 19103 Telephone Number: 215.988.2505		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ <i>(If known)</i> Filed on: _____
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: <u>Unliquidated</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507(a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507(a)(8). <input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507(a)().
2. Basis for Claim: Proposed class action. <u>See Attached Complaint.</u>		
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount of Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim claim. 7. Documents: Attach redacted copies of any document purchase orders, invoices, itemized statements or run security agreements. You may also attach a summary of perfection of a security interest. You may also attach side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS WILL BE SCANNED. If the documents are not available, please explain: _____		Amount entitled to priority \$ _____ <small>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
Filed: USBC - District of New Jersey - Camden Shapes/Arch Holdings LLC, Et Al. 08-14631 (GMB) 0000000620 		<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> FILED / RECEIVED <small>FOR COURT USE ONLY</small> MAY 15 2008 EPIC BANKRUPTCY SOLUTIONS, LLC </div>
Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">Date: May <u>B</u>, 2008</div> <div style="text-align: center;">  Deborah L. Shuff, attorney for Claimants </div> </div>		